Please type a bius sign + inside this box \longrightarrow +

90132400

Taiwan

PTC/SB.01 (12-97)

Approved for use through 9/30/00 - OMB 9651-0032

Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995 indipersons are reduired to respond to a puecific by information unless it contains

DEGLI ADATION FOR LITH ITY OF	Attorney Docket Number								
DECLARATION FOR UTILITY OR DESIGN	First Named Inv	entor	Mei-Chao Liu						
PATENT APPLICATION	co	COMPLETE IF KNOWN							
(37 CFR 1.63)	Application Num								
☑ Declaration ☐ Declaration	Filing Date								
Submitted OR Submitted after Initia	Group Art Unit	Group Art Unit							
with Initial Filing (surcharge Filing (37 CFR 1.16 (e)) required)	Examiner Name								
i believe , am the original first and sole inventor (if only onames are listed below) of the subject matter which is day. SYSTEM AND MEHTOD FOR COAND MONITORING PRODUCTION the specification of which (Title of the specification of which was filed on (MM/CD/YYYY)). Application Number and understand the conamended by any amendment specifically referred to above I acknowledge the duty to disclose information which is matter.	As a below named inventor, I hereby dectare that: My residence, post office address, and citizenship are as stated below next to my name. i believe aim the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed pelow) of the subject matter which is claimed and for which a patient is solent or the invention entitled: SYSTEM AND MEHTOD FOR COLLECTING INFORMATION AND MONITORING PRODUCTION the specification of which (Title of the invention) is attached hereto CR was filled on (MM/CD/YYYY) as United States Application Number or PCT international Application Number and was amended on (MM/CD/YYYY) (if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 27 CFR 1.56. I hereby claim foreign priority penefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign applications; for patent or inventor's								
Prior Foreign Application	Foreign Filing Date	Priority Not Claimed	Certified Copy						

Additional foreign application numbers are listed on a supplemental priority data sheet PTC/SB/028 attached hereto hereovictaim the benefit under 35 U.S.C. 119(e) at any United States provisional application(s) listed below Application Number(s) Filing Date (MM/DD/YYYY)

Additional provisional application numbers are listed on a supplemental priority data sheet PTC/SB/02B attached hereto.

Dec/26/01

[Page 1 of 2]

[Page 1 of 2]

Burden Hour Statement. This form is estimated to take 0.4 nours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information. Officer, Patent and Trademark Office. Washington, DC 20231. DC NOT SEND FEES OR COMPLETED. FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/S8/01 1/2/07

Approved for use through 9/30/00 OMB 0551-0002

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Peduction Act of 1995, no persons are required to respond to a collection of information unless it contains a varid OMB control number.

DECLARATION — Utility or Design Patent Application

United States :	or PCT Intended	t under 35 U.S.C. 120 of a listed below and, insplie emational application in the eral to patentability as denternational filing date of the second control of the control	ir as me subject e mainter provi fined in 37 CFF	ded by th	or each or th	le claims of this	application	i is not disclosi	ed in it	ne prior	
U.	.S. Pare	nt Application or Po Number	CT Parent			iling Date	Pa	Parent Patent Number (if applicable)			
Additional	IUS or PC	CT international application	numbers are l	sted on a	i supplementa	al priority data sh	ee: PTO/S	6/028 attached	hereto		
As a named inventor, I hereby appoint the following registered practitione and Traidemark Office connected therewith. Customer Number OR Rec					s) to prosecute this application and to tran			sact all business in the Potent Place Customer Number Bar Code Label here Registration Number			
			-	PATEN	25859 IT TRADEMARK	OFFICE					
☐ Additional r	redistered (practitioner(s) named on s	upplemental Re	ais:ered	Practitioner in	MOUHISHON SHEET		2C attached he	reto		
<u> </u>	esponder	nce to. 😡 Customer or Bar Coo						ice add	dress	neiow	
Name					25	050					
Address						859					
Address					PAICNI, IRO	OLMARK CITICE					
City					State						
Country			Telephone		State		ZIP .				
hereby declar elieved to be sunishable by f	true, and i fine or imp	statements made herein of further that these stateme risonment, or both, under ssued thereon.	of my own know			nat all statement					
lame of So	le or Fir	rst Inventor:			☐ A petitio	n has been file	ed for this	unsigned invi	entor		
Given Name (first and middle (if anyl)			Eamily Name or Surname								
	Mei-Chao						Liu				
Inventor's Signature		Mel-chan	Liu					Oate	01,	/21	
Residence: C	lity	Tu-Chen	State		Country	Taiwa	n	Citizenship	Та	iwa	
ost Office Ad	idress	1650 Memore	ex Driv	ve							
Post Office Ac	ddress										
City S	SAnta	Clarastate	CA	ZIP	9505	50	Country	U.S.	Α.		
Additional	inventors	are being named on th	esupple	emental	Additional Ir	nventor(s) she	et(s) PTO	/SB/02A alta	theil b	ereb I	

valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1__ of _1_

No	1 1 - 1 1 1 1 1 1									
Name of Additional Joint Inventor, if any: Given Name (first and middle [if any])				<u>, L</u>	J A petitio	on has been fil			ed im	ventor
Teng-Tsung				Family Name or Surname						
	l'elig=15ulig	<u> </u>	Huang							
Inventor's Signature	Jana	セカユー	- , N-1	142	<i>3</i>			Date	()1/21/0
Residence: City	Tu-Chen	State	rte		Country	Taiwan		Citizenshi		Caiwan
Post Office Address	1650 Memorex	Driv	/e							
Post Office Address										
City	Santa Clara	State	C	A	ZIP	95050 country		U.S.A		•
Name of Additio	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for thi	s unsigne	d inv	entor
Given Na	me (first and middle (if an	yl)				Family Na	me or S	umame		
										į
Inventor's Signature									Date	
Residence: City		State	te		Country			Citizenship		
Post Office Address	1650 Memorex Drive									
Post Office Address										
City	Santa Clara	State	C	A	ZIP	95050	Count	ŋ Ū.	U.S.A.	
Name of Addition	nal Joint Inventor, if a	ny:			A petition	n has been file	d for this	unsigned	l inve	entor
Given Nar	ne (first and middle [if any	(1)				Family Nar	ne or Su	ımame		
Inventor's Signature				Date						
Residence: City		State			Country		Citizenship			
Post Office Address										
Post Office Address		. ,				T				
City		State			ZIP		Co	untry		

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, Patient and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patients, Washington, DC 20231.